



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NEVADA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – Nevada

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$1,998,800
State MCH Funds	\$1,499,100
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$690,586	\$639,873
Public Health Services and Systems	\$1,308,214	\$859,227

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	7,031	\$263,197	8.3%
Infants < 1 Year	35,449	\$724,940	22.9%
Children 1-22 Years	44,058	\$1,053,954	33.2%
CSHCN	5,570	\$1,077,743	34.0%
Others *	3,245	\$52,018	1.6%
Total	95,353	\$3,171,852	100%

FY 2014 Expenditures



FY 2014 Individuals Served



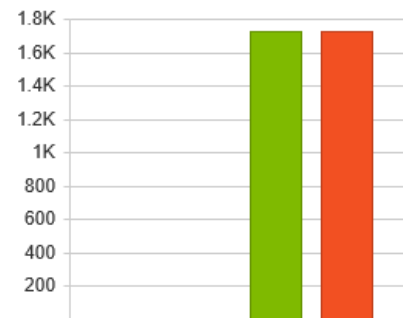
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	1,727
Other Toll-Free Calls:	1,727



Executive Summary

The Nevada Division of Public and Behavioral Health (DPBH) Maternal and Child Health Action Plan covers the period October 1, 2016 to September 30, 2020 and is a draft strategic planning blueprint for activities to meet Nevada's priority needs. All activities undertaken (e.g., focus groups, surveys, etc.) involves diverse stakeholders (e.g., providers, coalition members, community-level advocates and family resource entities, legislators, etc.) and consumers. Stakeholders assisted in the identification of National Performance Measures (NPMs), the top priorities for each of the MCH populations as well as in developing the action plan. Consumers also provided input on NPMs and the quality of healthcare services they, their children and/or families received as well as their unmet needs. The information below provides a summary of accomplishments/progress and significant challenges relative to the priority needs.

Accomplishments and Priority Needs by Population Domain

1. Women/ Maternal Health

The emergent needs for this population domain were wellness screening, prenatal care, and substance use. These needs will be addressed through *priority 1: Improve preconception health among adolescents and women of childbearing age.*

Which corresponds to *NPM 1: The percent of women with a past year preventive medical visit.*

Data collection of maternal experiences, attitudes, and behaviors from preconception, through pregnancy and into the inter-conception period is on-going through the Baby BEARS project. Since this data is not available yet from other sources, it would be very helpful to MCH as well as other programs to identify groups of women and infants at high risk for health problems, to detect changes in health status, and to track progress towards the set indicators in improving the health of mothers and infants in Nevada. Plans are in place to continue administering Baby BEARS as well as solicitation of funding support from other programs that will benefit from the survey data.

Through the initiatives of the National Governors Association (NGA) Learning Network on Improving Birth Outcomes, MCH collaborated with Nevada's Office of the Governor, Nevada Medicaid, March of Dimes (Nevada Chapter) and other Nevada Department of Health and Human Services programs to improve birth outcomes by identifying modifiable risk factors for the incidence of preterm births, low birth weight and infant mortality and associated racial/ethnic health disparities. One of the State's goals in the NGA initiative is to expand access to health care for women, pregnant women, and infants; including educational outreach relating to the Affordable Care Act (ACA) and increased access to preventative care and public and private insurance. The activities of this initiative are currently being carried out by various workgroups around the State.

Title V collaborated with Nevada Women, Infants, and Children (WIC) Program to increase Gestational Diabetes Mellitus (GDM) messaging opportunities in relation to maternal type 2 diabetes risk. MCH has reached out to a type 2 diabetes expert from the community to provide training to WIC nutritionists on the need for screening as well as raise awareness of the increased risk of type 2 diabetes postpartum. Other collaborations with WIC include identifying a pilot site(s) for collection of postpartum visit (PPV) data. A provider has been identified to speak on PPV-related issues for grand rounds presentation.

The SoberMomsHealthyBabies.org website to prevent substance use in pregnant women will continue to be promoted. The collaboration with the Substance Abuse Prevention and Treatment Agency (SAPTA) ensures materials and resources about substance use in pregnancy will reach the targeted audience. Continued participation of these initiatives is vital to Nevada Title V because their goals align very well with Nevada's MCH priorities and action plan for the next five years.

Priority 1: Improve preconception health among adolescents and women of childbearing age.

The plan over the next year is for Title V, in conjunction with other programs, agencies, and community stakeholders to implement efforts addressing the priorities and performance measures that pertain to this domain.

2. Perinatal /Infant Health

MCH is committed to improving birth outcomes in Nevada. As a result, MCH is currently involved in several statewide initiatives including the Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality and NGA Learning Network on Improving Birth Outcomes, among others.

The Title V Program funds and collaborates with Washoe County Fetal Infant Mortality Review (WC FIMR) in Washoe County, Nevada, to assess the issues relating to fetal/infant loss with the goal of reducing fetal and infant mortality. The overall goal is the expansion of the FIMR project throughout Nevada.

Dignity Health oversees the Baby Safe Sleep Program and plans to continue with the program's activities in the coming years. Safe Kids Washoe County, the lead agency for Cribs for Kids (C4K) program in Nevada has over 38 active partner agencies statewide and will continue to leverage these partnerships to provide education and awareness on how to provide safe sleep environments to families in Nevada.

Nevada Breastfeeding Program continues to conduct statewide campaigns to improve infant feeding practices in hospitals, and increase community and business support for breastfeeding mothers. In addition, the breastfeeding program continues to support Women, Infants and Child (WIC) moms in breastfeeding by providing free professional lactation support, breast pumps, and an

enhanced food package for moms who wish to breastfeed. Nevada WIC continues to oversee the *Loving Support Peer Counseling Program*. In addition, WIC will provide continued technical support for the remaining 15 maternity centers that have not achieved their Baby Friendly designation. WIC plans to again design and publish a Nevada Breastfeeds Calendar, and support and promote the 2016 "Liquid Gold" 5K Breastfeeding Awareness Run. Nevada WIC will continue to explore the use of the Electronic Benefit Transfer (EBT) system with Farmers Market vendors statewide to allow participants to use their \$8-\$10 monthly Cash Value Voucher (CVV) at any farmers market in order to potentially increase access to fresh fruits and vegetables, especially in rural areas.

The Clark County Healthy Start Program is committed to reducing racial disparities and improving perinatal health outcomes among African-American women by fostering continuous access to care for women who are pregnant or of child bearing age. The Program will continue providing outreach education and engaging the community members to obtain support.

Nevada received the March of Dimes Virginia Apgar Prematurity Campaign Leadership Award in 2014 for achieving the 8% reduction in premature birth rates from 13.8% in 2009 to 12.6% in 2013.

Priority 2: Increase percent of infants who are ever breastfed and percent of infants breastfed exclusively through six months.

The plan over the next year is for Title V, in conjunction with other programs, agencies, and community stakeholders to implement existing efforts addressing this priority and the performance measures that pertain to this domain.

3. Child Health

Immunize Nevada ramped up its vaccination campaign and provided 78% more vaccines in 2014 than 2013. The campaigns were conducted at community and mobile food pantry sites in partnership with Walgreens. In addition, the state funded non-profit coalition developed several new projects to provide education, provider outreach, support implementation of billing for public health services, and provide immunization training to healthcare providers.

Nevada Home Visiting Program conducted parenting education and child wellness activities with the program's enrollees and will continue to offer these services.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) continues to provide access to and receipt of the full range of screening, diagnostic, and treatment services. Language was added to Nevada's Medicaid Services Manual for the Healthy Kids Program (EPSDT) to clarify diagnostic and treatment services covered under EPSDT for children not dependent upon an EPSDT screening so that children get all medically necessary services. The Nevada Division of Health Care Financing and Policy is in the process of developing policy for coverage of Autism services for Medicaid and expects to start coverage in January 2016.

Priority 3: Increase the percent of children aged 10 through 71 months receiving developmental screening.

The plan over the next year is for Title V, in conjunction with other programs, agencies, and community stakeholders to implement efforts addressing this priority and performance measures that pertain to child health.

4. Adolescent Health

The Nevada Adolescent Health Program provides preventive services and ensures the needs of adolescents in Nevada are met. The program will continue to focus on youth development and health promotion for adolescents in Nevada and also continue to promote comprehensive sex education, adulthood preparation programs and abstinence education with the goal of preventing pregnancy and the spread of sexually transmitted infections (STIs) among adolescents. In addition, the Adolescent Health Program will continue to administer the Abstinence Education Grant Program (AEGP) and Personal Responsibility Education Program (PREP) in Nevada.

Priority 4. Increase the percent of children, adolescents and women of childbearing age who are physically active.

Priority 5: Increase the percent of adolescents and women of childbearing age who have access to healthcare services.

The plan over the next year is for Title V, in conjunction with other programs, agencies, and community stakeholders to implement efforts addressing these priorities and the performance measures that pertain to adolescent health.

5. Children and Youth with Special Health Care Needs

The MCH Program, in collaboration with the Department of Pediatrics, University of Utah Health Sciences Center, developed a Medical Home Portal to provide a comprehensive, coordinated and integrated state system for improving the care of CYSHCN in Nevada. The Medical Home portal will provide resources and educational materials in order to support, educate and empower families of CYSHCN throughout the state.

MCH will continue to collaborate with other agencies that provide services to CYSHCN including: Nevada Governor's Council on Developmental Disabilities (NGCDD), IDEA Part C/Early Intervention, Family TIES, Nevada Center For Excellence In Disabilities (NCED), Nevada Leadership Education in Neurodevelopment and Related Disabilities (NvLEND) among others.

Priority 6: Promote establishment of a medical home for children.

The plan over the next year is for Title V, in conjunction with other programs, agencies, and community stakeholders to implement efforts addressing this priority and the performance measures that pertain to this domain.

6. Cross Cutting/Life Course

MCH continues to work with March of Dimes in co-branding tobacco education and cessation materials as well as in distributing the March of Dimes pamphlet; *Smoking and Pregnancy* to WIC offices, MCH Coalitions, and Rural Community Health Nurses and at outreach events organized by Division of Public and Behavioral Health (DPBH) staff and/or MCH partners. MCH will also continue to work with the Substance Abuse Prevention and Treatment Agency (SAPTA) to oversee the *SoberMomsHealthyBabies.org* website to prevent substance use in pregnant women and provide information to women of childbearing age, providers, and concerned family and friends. The website provides the substance use help line (1-800-450-9530) and the Nevada tobacco quit line (1-800-784-8689) among other resources. The Tobacco Prevention and Cessation Program will continue to disseminate targeted Quit line promotional material for pregnant and postpartum women who use tobacco, via Nevada providers, WIC clinics, early childhood educators, Nevada Head Starts and Safeway pharmacies. The Nevada Tobacco Quit line (NTQ) will continue to provide callers with up to five (5) scheduled personalized, culturally competent, coaching sessions, unlimited inbound calls, web and text support and Nicotine Replacement Therapies (NRTs) free of charge to callers ages 18 and up.

MCH will continue to collaborate with the Bureau of Behavioral Health, Wellness, and Prevention to implement mental health, behavioral health and substance use prevention strategies using a public health approach. Market plans offered in the Silver State Health Insurance Exchange will continue to offer mental health and substance use disorder services as part of the ten Essential Health Benefits stipulated in the ACA. In addition, qualified health plans offer a network of providers including those specializing in mental health and substance use, ensuring more Nevadans have access to quality health care that includes coverage for mental health and substance use disorder services.

The Office of Suicide Prevention (OSP) will continue to carry out various programmatic activities including: School-based screening for behavioral health or suicide risk, reducing access to lethal means of committing suicide such as firearms, training on suicide intervention and alertness training, increasing and enhancing suicide prevention efforts for service members, veterans and their families.

The Primary Care Office (PCO) will continue to expand recruitment and retention efforts of the healthcare workforce in Nevada by:

- Improving access to primary health care services for Nevada's underserved;
- Increasing availability of primary care providers in underserved areas;
- Increasing access to maternal and child health care service for underserved populations; and
- Improving provider access to health care financing resources.

Outreach and education of ACA and the Silver State Health Insurance Exchange (SSHIX) will continue to be targeted to uninsured individuals in the 138-400% Federal Poverty Level, younger families with children (ages 18-34) and predominantly young males (ages 21-29). Title V will continue to fund the Community Health Workers Program (CHW) to ensure the Hispanic population is reached through marketing and outreach campaigns. Other ACA-related outreach, education and referral coordination activities will involve collaborative efforts with MCH Coalitions, providers, state and local agencies, non-profit organizations and other stakeholders.

Priority 7: Prevent and reduce tobacco use among adolescents, pregnant women and women of childbearing age.

Priority 8: Increase the percent of adequately insured children.

The plan over the next year is for Title V, in conjunction with other programs, agencies, and community stakeholders to implement efforts addressing these priorities and the performance measures pertaining to this domain.